



## HOWARD COUNTY DEPARTMENT OF CITIZEN SERVICES

6751 Columbia Gateway Drive ■ Columbia, Maryland 21046 ■ 410-313-6410

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Susan J. Vaeth, Administrator, Office on Aging  
[www.howardcountyaging.org](http://www.howardcountyaging.org)

FAX 410-313-6540  
TTY 410-313-5927

Dear Applicant,

Thank you for your interest in our Home Care Registry. Enclosed is an application. The Office on Aging is currently looking for people who are willing to perform Home Care Services for older persons and persons with disabilities within our community. The Office on Aging publishes this Registry as a tool for the community. We are unable to endorse any one provider on the listing.

If you are included on our Registry, you are **not** employed by Howard County, and you will be interviewed and hired directly by the client. We understand that you are not volunteering your services and will be paid based on the agreement set between you and the client at the time of your interview with them.

This is how our Registry works. A client or their family calls us for information on to access in home care. We mail to them a packet of information including the Registry itself and tips on what they need to do when they hire someone. Then the client (or family) calls you, discusses the services needed, sets up an appointment for an interview, hires you and begins the employee/employer relationship.

The Registry itself includes your name, address, telephone number, e-mail\* (optional), birth date (optional), licenses, or special training, the duties that you are willing to perform, the days and times that you are available, and any special information you wish to include. We will not include your cost rates as we understand that your fee may be based on the services you will perform. \*E-mail addresses must be of a business-like nature, the Office on Aging will not publish inappropriate addresses.

The Registry list is sent to older persons, younger persons with disabilities, their families, and a few significant Howard County Agencies that work with the older adult and persons with disabilities populations. The document is also posted on the Howard County Office on Aging website: [www.howardcountyaging.org](http://www.howardcountyaging.org) but it will not otherwise given out to the general public. The Office on Aging is not receiving a fee from either you or the clients involved, but is doing this as a service for older persons, younger persons with disabilities in Howard County and families.

The Office on Aging reserves the right to reject any application for the Registry for any reason, including but not limited to applicants who sell or promote financial products or services to the older persons or persons with disabilities.

## APPLICATION FOR THE HOME CARE PARTNER REGISTRY

DATE\_\_\_\_\_

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_  
\_\_\_\_\_

PHONE (HOME)\_\_\_\_\_(OTHER)\_\_\_\_\_

E-MAIL (optional)\_\_\_\_\_

BIRTH YEAR(optional)\_\_\_\_\_AGE\_\_\_\_\_ (optional)

BRIEFLY DESCRIBE BACKGROUND, AND/OR EXPERIENCE WORKING  
WITH ELDERLY PERSONS:

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EDUCATION (High School, College, Graduate School)

<u>Name and Address of School</u>	<u>Degree</u>	<u>Dates Attended</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL TRAINING, LICENSES(S), CERTIFICATES(S)\_\_\_\_\_

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EMPLOYMENT (Start with your present job):

<u>Name of Employer</u>	<u>Position</u>	<u>Dates Employed</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU SPEAK ANY OTHER LANGUAGES? IF SO, PLEASE LIST:

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INDICATE IF YOU ARE WILLING TO PERFORM THE FOLLOWING DUTIES -  
PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/>	COMPANION CARE	<input type="checkbox"/>	LIVE-IN COMPANION
<input type="checkbox"/>	LIGHT CLEANING	<input type="checkbox"/>	LIFTING
<input type="checkbox"/>	HEAVY CLEANING	<input type="checkbox"/>	TOILETING
<input type="checkbox"/>	MEAL PREPARATION	<input type="checkbox"/>	GROOMING
<input type="checkbox"/>	SHOPPING	<input type="checkbox"/>	TRANSPORTATION
<input type="checkbox"/>	READING MAIL	<input type="checkbox"/>	OVERNIGHT CARE
<input type="checkbox"/>	LAUNDRY	<input type="checkbox"/>	OTHER

DO YOU HAVE EXPERIENCE/ARE YOU WILLING TO WORK WITH PEOPLE WHO  
ARE:

\_\_\_\_\_BLIND \_\_\_\_\_DEAF \_\_\_\_\_INCONTINENT \_\_\_\_\_ALZHEIMER\DEMENTIA  
\_\_\_\_\_YOUNGER PERSONS WITH DISABILITIES

SPECIAL TRAINING:\_\_\_\_\_

RESTRICTIONS:\_\_\_\_\_

AVAILABLE: DAYS/HOURS\_\_\_\_\_

I hereby authorize the Office on Aging to release my name and the information on this  
application to prospective Home Care Employers.

NAME\_\_\_\_\_PHONE\_\_\_\_\_

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

Please complete and return to: Maryland Access Point  
Office on Aging  
6751 Columbia Gateway Dr  
2<sup>ND</sup> Floor  
Columbia MD 21046

Please direct any questions to: Pam Bilal 410-313-6029 (fax) 410-313-5970